

FROM McANDREWS, HELD, & MALLOY

(MON) 7. 3'06 16:00/ST. 15:59/N0. 4861050839 P 1



MCANDREWS, HELD & MALLOY
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TO:	Examiner K.M. Burd Group Art Unit 2631	FAX NO.:	(571) 273-8300
FROM:	Michael T. Cruz	USER ID:	8084
CLIENT:	01772	MATTER:	15970US01

Number of Pages This Transmission (Including Cover Page): **23**

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A handwritten signature of Michael T. Cruz is written over a horizontal line.
Michael T. Cruz
Reg. No. 44,636

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number 09/945,200	RECEIVED CENTRAL FAX CENTER
		Filing Date August 30, 2001	JUL 03 2006
		First Named Inventor Martin Morris	
		Art Unit 2631	
		Examiner Name Kevin Michael Burd	
Total Number of Pages in This Submission 22		Attorney Docket Number 15970US01	
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (Appeal Brief - 17 pages) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Michael T. Cruz</i>
Printed Name	Michael T. Cruz, Reg. No. 44,636
Date	July 3, 2006

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office at (571) 273-8300 on July 3, 2006.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	July 3, 2006

FROM McANDREWS; HELD, & MALLOY

(MON) 7. 3' 06 16:01/ST. 15:59/NO. 4861050839 P 3

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Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 620.00)

Complete if Known

Application Number	09/945,200
Filing Date	August 30, 2001
First Named Inventor	Martin Morris
Examiner Name	Kevin Michael Burd
Art Unit	2631

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JUL 03 2006

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP	x	=		Fee
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)

 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

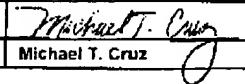
4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal Brief (\$500); Petition for One-Month Extension of Time (\$120)

620.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz		Date	July 3, 2006	